

Missouri

UNIFORM APPLICATION

FY 2016/2017 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

SUBSTANCE ABUSE PREVENTION AND TREATMENT and COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 06/30/2018
(generated on 08/25/2016 3:27:41 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2016

End Year 2017

State SAPT DUNS Number

Number 7808714300

Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant

Agency Name Missouri Department of Mental Health

Organizational Unit Division of Behavioral Health

Mailing Address PO Box 687

City Jefferson City

Zip Code 65102-0687

II. Contact Person for the SAPT Grantee of the Block Grant

First Name Mark

Last Name Stringer

Agency Name Missouri Department of Mental Health

Mailing Address PO Box 687

City Jefferson City

Zip Code 65102-0687

Telephone 573-751-9499

Fax 573-751-7814

Email Address mark.stringer@dmh.mo.gov

State CMHS DUNS Number

Number 780871430

Expiration Date

I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name Missouri Department of Mental Health

Organizational Unit Division of Behavioral Health

Mailing Address P.O. Box 687

City Jefferson City

Zip Code 65102-0687

II. Contact Person for the CMHS Grantee of the Block Grant

First Name Mark

Last Name Stringer

Agency Name Missouri Department of Mental Health

Mailing Address P.O. Box 687

City Jefferson City

Zip Code 65101-0687

Telephone 573-751-4942

Fax

Email Address mark.stringer@dmh.mo.gov

III. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

IV. Date Submitted

Submission Date 8/25/2016 3:27:24 PM

Revision Date

V. Contact Person Responsible for Application Submission

First Name Christie

Last Name Lundy

Telephone 573-526-1636

Fax 573-751-7814

Email Address christie.lundy@dmh.mo.gov

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2017

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
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Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
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ASSURANCES - NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g)

protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS mission to protect and advance the physical and mental health of the American people.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Mark Stringer

Signature of CEO or Designee¹: _____

Title: Department Director

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Footnotes:

State Information

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Fiscal Year 2017

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Missouri

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I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Mark Stringer

Signature of CEO or Designee¹: 

Title: Department Director

Date Signed: 07/19/2016

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.
Missouri

Footnotes:



GOVERNOR OF MISSOURI

JEFFERSON CITY

65102

JEREMIAH W. (JAY) NIXON
GOVERNOR

P.O. Box 720
(573) 751-3222

August 11, 2015

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20850

Dear Ms. Simmons:

As the Governor of the State of Missouri, for the duration of my tenure, I delegate signatory authority to the current Director of the Department of Mental Health, or any one officially acting in this role in the instance of a vacancy, for all transactions required to administer the 1) Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG), 2) the Mental Health Block Grant (MHBG)], and 3) the PATH grant, until such time as I may modify or rescind this designation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Nixon", written over a circular stamp.

Jeremiah W. (Jay) Nixon
Governor

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2017

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
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Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
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2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g)

protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS mission to protect and advance the physical and mental health of the American people.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Mark Stringer

Signature of CEO or Designee¹: _____

Title: Department Director

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2017

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

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15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

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1. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

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Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS mission to protect and advance the physical and mental health of the American people.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Mark Stringer

Signature of CEO or Designee¹:

Title: Department Director

Date Signed:

07/19/2016

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.
Missouri

Footnotes:



GOVERNOR OF MISSOURI

JEFFERSON CITY

65102

JEREMIAH W. (JAY) NIXON
GOVERNOR

P.O. Box 720
(573) 751-3222

August 11, 2015

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20850

Dear Ms. Simmons:

As the Governor of the State of Missouri, for the duration of my tenure, I delegate signatory authority to the current Director of the Department of Mental Health, or any one officially acting in this role in the instance of a vacancy, for all transactions required to administer the 1) Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG), 2) the Mental Health Block Grant (MHBG)], and 3) the PATH grant, until such time as I may modify or rescind this designation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Nixon", written over a circular embossed seal.

Jeremiah W. (Jay) Nixon
Governor

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

Name	<input type="text" value="Mark Stringer"/>
Title	<input type="text" value="Department Director"/>
Organization	<input type="text" value="Missouri Department of Mental Health"/>

Signature: _____ Date: _____

Footnotes:

Not applicable.

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Activity (See instructions for using Row 1.)	A.Substance Abuse Block Grant	B.Mental Health Block Grant	C.Medicaid (Federal, State, and Local)	D.Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E.State Funds	F.Local Funds (excluding local Medicaid)	G.Other
1. Substance Abuse Prevention* and Treatment							
a. Pregnant Women and Women with Dependent Children*							
b. All Other							
2. Substance Abuse Primary Prevention							
3. Tuberculosis Services							
4. HIV Early Intervention Services							
5. State Hospital			\$0	\$15,025,798	\$432,738,347	\$0	\$0
6. Other 24 Hour Care		\$0	\$0	\$4,526,819	\$15,152,248	\$0	\$0
7. Ambulatory/Community Non-24 Hour Care		\$7,202,468	\$558,648,088	\$47,064,949	\$138,322,656	\$0	\$0
8. Mental Health Primary Prevention**		\$0	\$0	\$0	\$0	\$0	\$0
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)		\$847,349	\$0	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)		\$423,675	\$0	\$2,950,117	\$1,621,718	\$0	\$0
11. Total	\$0	\$8,473,492	\$558,648,088	\$69,567,683	\$587,834,969	\$0	\$0

* Prevention other than primary prevention

** It is important to note that while a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Expenditure Category	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
1 . Substance Abuse Prevention* and Treatment	\$19,911,061	\$19,910,245
2 . Substance Abuse Primary Prevention	\$5,309,695	\$5,309,695
3 . Tuberculosis Services	\$295	\$1,111
4 . HIV Early Intervention Services**		
5 . Administration (SSA Level Only)	\$1,327,424	\$1,327,424
6. Total	\$26,548,475	\$26,548,475

* Prevention other than primary prevention

** 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by CDC, National Center for HIV/AIDS, Hepatitis, STD and TB Prevention. The HIV Surveillance Report, Volume 24, will be used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective FY 2016 SABG allotments to establish one or more projects to provide early intervention services for HIV at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state does not meet the AIDS case rate threshold for the fiscal year involved. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would be allowed to obligate and expend FY 2016 SABG funds for EIS/HIV if they chose to do so.

Footnotes:

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Strategy	IOM Target	FY 2016	FY 2017
		SA Block Grant Award	SA Block Grant Award
Information Dissemination	Universal	\$330,437	\$374,154
	Selective	\$167,476	\$206,075
	Indicated		
	Unspecified		
	Total	\$497,913	\$580,229
Education	Universal	\$590,084	\$676,986
	Selective	\$1,141,388	\$945,696
	Indicated		
	Unspecified		
	Total	\$1,731,472	\$1,622,682
Alternatives	Universal	\$36,483	\$33,959
	Selective	\$294,097	\$423,203
	Indicated		
	Unspecified		
	Total	\$330,580	\$457,162
Problem Identification and Referral	Universal	\$38,774	\$30,198
	Selective	\$38,119	\$53,047
	Indicated		
	Unspecified		
	Total	\$76,893	\$83,245

Community-Based Process	Universal	\$2,124,224	\$2,072,370
	Selective	\$174,584	\$153,614
	Indicated		
	Unspecified		
	Total	\$2,298,808	\$2,225,984
Environmental	Universal	\$206,164	\$175,302
	Selective	\$6,824	\$5,762
	Indicated		
	Unspecified		
	Total	\$212,988	\$181,064
Section 1926 Tobacco	Universal	\$41,200	\$4,308
	Selective	\$1,734	
	Indicated		
	Unspecified		
	Total	\$42,934	\$4,308
Other	Universal	\$105,831	\$129,230
	Selective	\$12,276	\$25,791
	Indicated		
	Unspecified		
	Total	\$118,107	\$155,021
Total Prevention Expenditures		\$5,309,695	\$5,309,695
Total SABG Award*		\$26,548,475	\$26,548,475
Planned Primary Prevention Percentage		20.00 %	20.00 %

*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Footnotes:

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
Universal Direct	\$2,902,379	\$2,922,373
Universal Indirect	\$570,820	\$574,134
Selective	\$1,836,496	\$1,813,188
Indicated		
Column Total	\$5,309,695	\$5,309,695
Total SABG Award*	\$26,548,475	\$26,548,475
Planned Primary Prevention Percentage	20.00 %	20.00 %

*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Footnotes:

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Targeted Substances	
Alcohol	b
Tobacco	b
Marijuana	b
Prescription Drugs	b
Cocaine	e
Heroin	b
Inhalants	e
Methamphetamine	b
Synthetic Drugs (i.e. Bath salts, Spice, K2)	e
Targeted Populations	
Students in College	b
Military Families	e
LGBTQ	e
American Indians/Alaska Natives	e
African American	b
Hispanic	e
Homeless	e
Native Hawaiian/Other Pacific Islanders	e
Asian	e
Rural	b
Underserved Racial and Ethnic Minorities	b

Footnotes:

Planning Tables

Table 6a SABG Resource Development Activities Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award				FY 2017 SA Block Grant Award			
	Prevention	Treatment	Combined	Total	Prevention	Treatment	Combined	Total
1. Planning, Coordination and Needs Assessment	\$362,828			\$362,828	\$416,785			\$416,785
2. Quality Assurance				\$0				\$0
3. Training (Post-Employment)	\$26,250			\$26,250	\$26,250			\$26,250
4. Education (Pre-Employment)				\$0				\$0
5. Program Development	\$590,231	\$16,597		\$606,828	\$608,056	\$16,899		\$624,955
6. Research and Evaluation	\$265,786			\$265,786	\$142,011			\$142,011
7. Information Systems				\$0				\$0
8. Total	\$1,245,095	\$16,597	\$0	\$1,261,692	\$1,193,102	\$16,899	\$0	\$1,210,001

Footnotes:

Planning Tables

Table 6b MHBG Non-Direct Service Activities Planned Expenditures

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Service	Block Grant
MHA Technical Assistance Activities	
MHA Planning Council Activities	
MHA Administration	\$423,675
MHA Data Collection/Reporting	
MHA Activities Other Than Those Above	
Total Non-Direct Services	\$423675
Comments on Data: <input type="text"/>	
Footnotes:	

Environmental Factors and Plan

22. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application

Narrative Question:

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council for adults with SMI or children with SED. To meet the needs of states that are integrating mental health and substance abuse agencies, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance abuse, referred to here as a Behavioral Health Advisory/Planning Council (BHPC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance abuse prevention and treatment advisory council to ensure that the council reviews issues and services for persons with, or at risk for, substance abuse and substance use disorders. To assist with implementing a BHPC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).⁹⁷

Additionally, [Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. 300x-51\)](#) applicable to the SABG and the MHBG, requires that, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

For SABG only - describe the steps the state took to make the public aware of the plan and allow for public comment.

For MHBG and integrated BHPC: States must include documentation that they shared their application and implementation report with the Planning Council; please also describe the steps the state took to make the public aware of the plan and allow for public comment.

SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).
2. What mechanism does the state use to plan and implement substance abuse services?
3. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?
4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders, and how it has advocated for individuals with SMI or SED.

*Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.*⁹⁸

⁹⁷<http://beta.samhsa.gov/grants/block-grants/resources>

⁹⁸There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

Please use the box below to indicate areas of technical assistance needed related to this section:

Missouri is currently receiving technical assistance from SAMHSA regarding the combination of the SAC-ADA and SAC-CPS. No further technical assistance is requested at this time.

Footnotes:

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).

Missouri's State Advisory Councils (SAC) on Alcohol and Drug Abuse (ADA) and on Comprehensive Psychiatric Services (CPS) were both involved in the development of the State Block Grant Plan. State staff began preparing a draft State Plan in October 2014. The draft was reviewed at a joint session of the ADA-SAC and CPS-SAC in December 2014. Based on recommendations received, a revised draft was distributed to the SAC's in March 2015 with a second review in April 2015.

2. What mechanism does the state use to plan and implement substance abuse services?

Missouri's planning council for alcohol and drug (ADA) programs is comprised of 25 members including service providers, consumers (recipients of services or family members of recipients), and other interested citizens. At least one-half of the members shall be consumers, and one member shall represent veterans and military affairs. No more than one-fourth of the members shall be vendors or members of boards of directors, employees or officers of vendors, or spouses of any of the above mentioned, if such vendors received more than fifteen hundred dollars (\$1,500) per year under contract with the Department of Mental Health. Members of boards of directors of not-for-profit corporations shall not be considered vendors. Each member shall be appointed for an initial term of one, two, or three years to allow for a rotation of one-third of the members each year. Further, each appointed member may be re-appointed to no more than one additional three-year term. Each member serves until a successor has been appointed. The functions and duties of the planning council for ADA shall be to:

- 1) Promote meetings and programs for the discussion of reducing the debilitating effects of alcohol or drug abuse and disseminate information in cooperation with any other department, agency or entity on the prevention, evaluation, care, treatment and rehabilitation for persons affected by alcohol or drug abuse;
- 2) Study and review current prevention, evaluation, care, treatment and rehabilitation technologies and recommend appropriate preparation, training, retraining and distribution of manpower and its resources in the provision of services to persons affected by alcohol or drug abuse through private and public residential facilities, day programs and other specialized services;
- 3) Recommend what specific methods, means and procedures should be adopted to improve and upgrade the alcohol and drug abuse service delivery system for citizens of this state;
- 4) Participate in developing and disseminating criteria and standards to qualify alcohol and drug abuse residential facilities, day programs and other specialized services in this state for funding by the department (RSMO 631.020).

Most members of the ADA planning council have leadership roles as managers, advocates or volunteers in the substance abuse service delivery system. Current representation includes

consumers; treatment, recovery support, and prevention service providers; Department of Corrections; Department of Health and Senior Services; and the Veteran's Administration.

3. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?

Missouri has two separate planning councils: State Advisory Council on Alcohol and Drug Abuse (SAC-ADA) and a State Advisory Council on Comprehensive Psychiatric Services (SAC-CPS). The SAC-ADA focuses on substance abuse prevention and treatment. The focus of the SAC-CPS is on children and youth with serious emotional disorders and adults with mental illness and their families. The SAC-ADA and the SAC-CPS meet in joint sessions as needed to coordinate recommendations on behavioral health services including co-occurring disorder services. The SAC-ADA and the SAC-CPS met in joint session to make recommendations for Missouri's FY 2016-2017 Behavioral Health Assessment and Plan. The SACs are currently working on a process to combine the two SACs.

4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?

Currently, about 10 percent of SAC membership is from diverse racial, ethnic, and LGBTQ populations. About 16 percent of Missouri's general population is of a minority racial or ethnic group. Membership recruitment is such that all regions of the state are represented. Members are from Central (13), Eastern (11), Southeast (4), and Western (7).

5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders, and how it has advocated for individuals with SMI or SED.

Missouri has two separate planning councils: State Advisory Council on Alcohol and Drug Abuse (SAC-ADA) and a State Advisory Council on Comprehensive Psychiatric Services (SAC-CPS). As specified in state statute, the functions and duties of the SAC-ADA are to:

- 1) Promote meetings and programs for the discussion of reducing the debilitating effects of alcohol or drug abuse and disseminate information in cooperation with any other department, agency or entity on the prevention, evaluation, care, treatment and rehabilitation for persons affected by alcohol or drug abuse;
- 2) Study and review current prevention, evaluation, care, treatment and rehabilitation technologies and recommend appropriate preparation, training, retraining and distribution of manpower and its resources in the provision of services to persons affected by alcohol or drug abuse through private and public residential facilities, day programs and other specialized services;
- 3) Recommend what specific methods, means and procedures should be adopted to improve and upgrade the alcohol and drug abuse service delivery system for citizens of this state;

- 4) Participate in developing and disseminating criteria and standards to qualify alcohol and drug abuse residential facilities, day programs and other specialized services in this state for funding by the department (RSMO 631.020).

The SAC-ADA provides a diverse perspective on the prevention and treatment of substance abuse. SAC-ADA meetings include updates, presentations, and discussions from the Division of Behavioral Health (DBH) Director and/or his representative and section heads from prevention, treatment, and fiscal units. In addition, the SAC-ADA receives regular briefings and feedback from the Missouri Recovery Network, which is a statewide organization advocating for addiction treatment and recovery support. Membership includes individuals in recovery, family members, friends, allies, and other supportive people. The SAC-ADA also receives regular briefings from the Missouri Substance Abuse Professional Credentialing Board on matters pertaining to professional credentialing and workforce development. The SAC-ADA meets in joint sessions with the SAC-CPS as needed to coordinate recommendations on behavioral health services, including recommendations for Missouri's FY 2016-2017 Behavioral Health Assessment and Plan.

The SAC-CPS has the following duties:

- 1) Review State plans and submit any recommended modifications to DBH;
- 2) Serve as an advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems;
- 3) Monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

The SAC-CPS serves as an advocate for adults with serious mental illness, children with severe emotional disturbance, and other individuals with mental illness or emotional problems. SAC-CPS advocacy activities include promoting the Consumer/Family/Youth Conference; Peer Specialist training and certification; and coordinating Hands across Missouri – an annual, consumer-run event sponsored by the SAC-CPS, the Missouri Mental Health Foundation, and local organizations. The SAC-CPS continues to support Peer Specialist training and certification. Through this process, consumers can learn to identify their strengths and personal resources, learn to make independent choices, and take a proactive role in their treatment. With the oversight of the SAC-CPS, Peer Specialist Basic Trainings have been conducted since 2008. Twenty Community Mental Health Centers, 10 Consumer Operated Services Program Drop-In Centers and Warm-Lines, the Veteran's Administration, Services for Independent Living, and substance abuse treatment agencies have sent individuals to training. Three of the state operated inpatient facilities have active Certified Missouri Peer Specialists on staff.

Real Voice Real Choices is the annual consumer conference to educate, inform, and empower individuals in treatment and/or recovery and their families. This conference developed from Missouri's Mental Health Transformation Grant, a SAMHSA-funded grant that ended in 2011.

The 2015 Conference was held in August at Lake of the Ozarks. The SAC-CPS has a subcommittee who plans and coordinates this conference.

Both the SAC-ADA and the SAC-CPS promote the Missouri's Mental Health Champions – an effort to recognize the accomplishments of individuals whose lives have been challenged by mental illness, substance abuse, and/or developmental disabilities. The 2015 Mental Health Champion awards ceremony and banquet was held in June at the Capitol Plaza Hotel in Jefferson City.

JEREMIAH W. (JAY) NIXON
GOVERNOR



KEITH SCHAFER, Ed.D.
DIRECTOR

MARK STRINGER
DIRECTOR
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June 25, 2015

Grants Management Officer
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Rd, Room 7-1091
Rockville, MO 20850


Dear Grants Management Officer:

The State Advisory Councils for the Missouri Department of Mental Health, Division of Behavioral Health (DBH), (formerly the Division of Comprehensive Psychiatric Services and the Division of Alcohol and Drug Abuse) have reviewed the FY2016 – 2017 Combined Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Mental Health Block Grant (MHBG) Assessment and Plan. Both State Advisory Councils are committed to working with the DBH to create a recovery oriented system of care. In December 2014 the State Advisory Councils held a joint meeting to assist DBH in developing the SAPTBG/MHBG Assessment and Plan. Both Councils have reviewed and approve of Missouri's final State Plan, written under our guidance.

We will continue to work with the DBH in monitoring the implementation of the State Plan. We appreciate our involvement in the Block Grant planning development and would like to express appreciation to SAMHSA for making these funds available.

Sincerely,


Mickie McDowell, Chair
CPS State Advisory Council


Joseph Haline, Chair
ADA State Advisory Council

An Equal Opportunity Employer; services provided on a nondiscriminatory basis.

Environmental Factors and Plan

Behavioral Health Advisory Council Members

Start Year: 2016 End Year: 2017

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Sean Adams	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1505 Little Ave, Apt 4Grandview MO, 64030 PH: 816-830-8943	adams.sean12@yahoo.com
Daniel Cayou	Providers	Missouri Protection & Advocacy	925 South Country ClubJefferson City MO, 65109 PH: 573-893-3333	Daniel.Cayou@mo-pa.org
Bruce Charles	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2715 ChestnutHannibal MO, 63401 PH: 573-541-2715	Bruce.Charles28@yahoo.com
John Czuba	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		28963 Westwood DrMacon MO, 63552 PH: 660-651-6462	johnczuba.cei@gmail.com
Amanda Dumey	Family Members of Individuals in Recovery (to include family members of adults with SMI)		809 N Campbell AveSpringfield MO, 65802 PH: 417-881-1397	amanda.dumey@isosm.org
Sarah Earll	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	St. Louis Empowerment Center	1908 OliveSt Louis MO, 63103 PH: 314-652-6103	ssearll@sbcglobal.net
Stacey Gilkey	Parents of children with SED	ReDiscover	211 SW Yost AveLee's Summit MO, 64081 PH: 816-651-9290	sgilkey@rediscovermh.org
Jesse Gilkey	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		11703 East 83rd StRaytown MO, 64138 PH: 816-678-9421	jesse.l.gilkey@gmail.com
Kathleen Grose	Providers	Pathways Community Health/Compass Health Network	1010 Remington PlazaRaymore MO, 64083 PH: 816-318-4430	kgrose@pbhc.org
Liz Hagar-Mace	State Employees	State Housing Authority	1706 E Elm StJefferson City MO, 65101 PH: 573-522-6519	liz.hagar-mace@dmh.mo.gov
John Harper	State Employees	Dept. of Elementary & Sec. Educ./Div. of Voc. Rehab.	3024 Dupont CircleJefferson City MO, 65109 PH: 573-526-7049	john.harper@vr.dese.mo.gov
Jean Harris-Sokora	Individuals in Recovery (to include adults with SMI who are receiving, or have received,		801 Charlesgate DrSt. Louis MO, 63132	iamamom23@gmail.com

	mental health services)		PH: 314-659-6580	
Mary Horn	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1107 S First StEl Dorado Springs MO, 64744 PH: 417-955-5020	mhorn@pbhc.org
Sandra Jackson	Providers	John J Pershing Veteran's Administration	1500 N Westwood BlvdPoplar Bluff MO, 63901 PH: 573-778-4740	sandra.jackson2@va.gov
Nancy Johnson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1544 Norwood Hills DrO'Fallon MO, 63366 PH: 660-988-2090	nkr323@gmail.com
Toni Jordan	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		4619 Korte AveSt Louis MO, 63115 PH: 314-489-6448	jordan.toni@ymail.com
Richard Kenney	Providers		103 N WindwoodCarl Junction MO, 64834 PH: 417-438-5301	tkenney@mchsi.com
Eric Martin	State Employees	Department of Social Services/Medicaid	PO Box 6500Jefferson City MO, 65102 PH: 573-522-8336	eric.d.martin@dss.mo.gov
Karen Leydens Martin	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2614 Idlewood RdJefferson City MO, 65109 PH: 573-761-3442	karen.leydens@earthlink.net
Christine McDonald	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		3642 Deerfield DrSt Charles MO, 63301	christine.crypurple@gmail.com
Mickie McDowell	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1635 Wall RdMountain Grove MO, 65711 PH: 417-241-2966	mickie.mcdowell@gmail.com
Denise Mills	Providers		1300 Bradford ParkwaySpringfield MO, 65804 PH: 417-761-5021	denise.mills@burrellcenter.com
Linda Myers	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1121 State Rt HFayette MO, 65248 PH: 660-635-1647	Lhmyers.64@gmail.com
Scott O'Kelley	State Employees	Missouri Department of Corrections	2729 Plaza DrJefferson City MO, 65100 PH: 573-526-6523	Scott.O'Kelley@doc.mo.gov
Liz Page	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		Jefferson City MO, PH: 573-632-6646	adoptionsolutionsinc@gmail.com
Angela Reynolds	Providers		5223 Mitchell AveSt Joseph MO, 64507 PH: 816-232-0050	areynolds@youth-alliance.org

Carrie Rigdon	Providers		1032 Crosswinds Court Wentzville MO, 63385 PH: 636-332-8368	crigdon@cridercenter.org
Randall Robb	State Employees	Missouri Department of Corrections	1170 State Route Z Franklin MO, 65250 PH: 660-848-2707	randall.robbs@doc.mo.gov
Shawn Sando	Providers	Family Counseling Center	925 Highway VV Kennett MO, 63857 PH: 573-888-5925	sando@fccinc.org
Barb Scheideger	Parents of children with SED	Families 4 Families	2623 Idelwood Rd Jefferson City MO, 65109 PH: 573-619-1322	Mof4f@mediacombb.net
Hugh Scott	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		7831 Balson Ave University City MO, 63130 PH: 314-629-4952	hecs411@yahoo.com
Susan Scott	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		901 NE Independence Ave West Plains MO, 65775 PH: 417-619-4402	scscott45@yahoo.com
Mark Smith	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		548 Co Rd 510 Wappapello MO, 63966 PH: 573-722-2115	smithmarkerdr@gmail.com
Amy Stevens	State Employees	Missouri Department of Mental Health	2600 E 12th St Kansas City MO, 64127 PH: 816-482-5725	amy.stevens@dmh.mo.gov
David Stoecker	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2020 East Kerr B208 Springfield MO, 65803 PH: 417-268-7489	david.stoecker@gmail.com
Mindy Ulstad	State Employees	Missouri Department of Health and Senior Services	912 Wildwood Dr Jefferson City MO, 65109 PH: 573-526-8534	mindy.ulstad@health.mo.gov
Karah Waddle	Providers	SSM St Joseph Health Center - Wentzville	500 Medical Dr Ernyzville MO, 63385 PH: 636-327-1017	karah_waddle@ssmhc.com
Stephanie Washington	State Employees	Missouri Department of Health and Senior Services	930 Wildwood Dr Jefferson City MO, 65102 PH: 573-522-2550	stephanie.washington@health.mo.gov
Janet Worthy	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		7451 Capilia Dr St Louis MO, 63123 PH: 314-550-9707	janetwvalleyhope@yahoo.com
Malva Yocco	Parents of children with SED		786 Redstart Ellisville MO, 63021 PH: 636-348-7198	malvayocco@hotmail.com

Footnotes:

Missouri does not have a single Behavioral Health Advisory Council. There is a State Advisory Council for Alcohol and Drug Abuse and another State Advisory Council for Comprehensive Psychiatric Services. The Councils meet periodically in joint session as needed.

Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year: 2016 End Year: 2017

Type of Membership	Number	Percentage
Total Membership	40	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	19	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	1	
Parents of children with SED*	3	
Vacancies (Individuals and Family Members)	0	
Others (Not State employees or providers)	0	
Total Individuals in Recovery, Family Members & Others	23	57.50%
State Employees	8	
Providers	9	
Federally Recognized Tribe Representatives	0	
Vacancies	0	
Total State Employees & Providers	17	42.50%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	3	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	1	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	4	
Persons in recovery from or providing treatment for or advocating for substance abuse services	17	

* States are encouraged to select these representatives from state Family/Consumer organizations.

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?

Missouri's State Advisory Councils (SAC) on Alcohol and Drug Abuse (ADA) and on Comprehensive Psychiatric Services (CPS) meet in joint sessions as needed to coordinate recommendations on behavioral health services, including recommendations for Missouri's FY 2016-2017 Behavioral Health Assessment and Plan. Both Councils receive regular briefings from DBH on budget updates, grant programs, legislative updates, DBH initiatives/collaborations, and emerging issues. The DBH Director and/or his representative are in attendance to respond to questions and to solicit recommendations. In addition, DBH section heads provide updates. SAC-ADA also receives briefings from the Missouri Substance Abuse Professional Credentialing Board and the Missouri Recovery Network. The SAC-CPS receives regular reports from its subcommittees on Data, Mental Health Education, and Consumer Conference/Real Voices, Real Choices.

The SAC-ADA and SAC-CPS were both involved in the development of the State Block Grant Plan. State staff began preparing a draft State Plan in October 2014. The draft was reviewed at a joint session of the ADA-SAC and CPS-SAC in December 2014. Based on recommendations received, a revised draft was

distributed to the SAC's in March 2015 with a second review in April 2015. The joint SACs approved the FY 2016-2017 State Plan in June 2015. A performance update will be developed for the FY 2017 Block Grant Reports in fall 2016. This update report will be provided to the SAC's. A joint session of the SAC's is scheduled for December 2016 to plan for the FY 2018-2019 State Plan which is due to SAMHSA in September 2017.

Footnotes:

Missouri does not have a single Behavioral Health Advisory Council. There is a State Advisory Council for Alcohol and Drug Abuse and another State Advisory Council for Comprehensive Psychiatric Services. The Councils meet periodically in joint session as needed.